

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

BOYCE ADAMS FOR CONGRESS

ADDRESS (number and street)

427 MAIN STREET



Check if different than previously reported. (ACC)

COLUMBUS

MS

39701

2. FEC IDENTIFICATION NUMBER ▼

C C00574079

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

MS

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

23

2015

through

M M / D D / Y Y Y Y

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott Perkins

Signature of Treasurer Scott Perkins

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

15

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 50

Write or Type Committee Name

**BOYCE ADAMS FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20721.00	132731.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	20721.00	132731.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	204657.07	480224.26
(b) Total Offsets to Operating Expenditures (from Line 14).....	126.41	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	204530.66	480224.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10232.02	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	385408.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**BOYCE ADAMS FOR CONGRESS**

Report Covering the Period: From:   /   /   To:   /   /

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (date of general election)	COLUMN C Total for <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (date after general election)  through <input type="text" value="MM"/> <input type="text" value="MM"/> / <input type="text" value="DD"/> <input type="text" value="DD"/> / <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="17836.50"/>	<input type="text" value="123171.50"/>	<input type="text" value="1000.00"/>
(ii) Unitemized		
<input type="text" value="1884.50"/>	<input type="text" value="6059.50"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="19721.00"/>	<input type="text" value="129231.00"/>	<input type="text" value="1000.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="1000.00"/>	<input type="text" value="3500.00"/>	<input type="text" value="500.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
20721.00	132731.00	1500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
140000.00	385408.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
140000.00	385408.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
126.41	0.00	126.41
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
160847.41	518139.00	1626.41

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

**BOYCE ADAMS FOR CONGRESS**Report Covering the Period: From:  /  /  To:  /  / **II. DISBURSEMENTS**

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="204657.07"/>	<input type="text" value="480224.26"/>	<input type="text" value="29309.13"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

**21. OTHER DISBURSEMENTS**

0.00

0.00

0.00

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

204657.07

480224.26

29309.13

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

20721.00

132731.00

1500.00

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

204530.66

480224.26

29182.72

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

54041.68

160847.41

214889.09

204657.07

10232.02

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BOYCE ADAMS FOR CONGRESS

Full Name (Last, First, Middle Initial)

BankTEL Systems LLC

A.

Mailing Address PO Box 8370

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015



Primary



General



Other (specify)

Special-General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2015

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period

1700.00

See Partnership Attribution Below

Full Name (Last, First, Middle Initial)

Nathan Turner

B.

Mailing Address 185 Megan Lane

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BankTel Systems

VP, Support

Receipt For: 2015



Primary



General



Other (specify)

Special-General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2015

Transaction ID : SA11AI.4696.0

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Rusty Waites

C.

Mailing Address PO Box 8370

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

BankTEL

Planning

Receipt For: 2015



Primary



General



Other (specify)

Special-General

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2015

Transaction ID : SA11AI.4696.1

Amount of Each Receipt this Period

700.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00
---------

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BOYCE ADAMS FOR CONGRESS

Full Name (Last, First, Middle Initial)

John Bowen

A.

Mailing Address 141 Sagamore Circle

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BankTEL

Occupation

CFO

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

2736.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11AI.5092

Amount of Each Receipt this Period

36.50

Contribution

Full Name (Last, First, Middle Initial)

Edward Crocker

B.

Mailing Address 1636 Chickasaw Drive

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Hospital

Occupation

Physician

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

Quinton Dickerson

C.

Mailing Address PO Box 13292

City

Jackson

State

MS

Zip Code

39236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frontier Strategies

Occupation

Partner

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : SA11AI.4680

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1286.50



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Quinton Dickerson Sr**

Mailing Address PO Box 2739

City

Madison

State

MS

Zip Code

39130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

1000.00

Date of Receipt

05

08

2015

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**Rex Gillis**

Mailing Address PO Box 5051

City

Columbus

State

MS

Zip Code

39704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Dutch Group

Occupation  
President

Receipt For: 1000

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

1000.00

Date of Receipt

05

27

2015

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**Josh Gregory**

Mailing Address 144 Cedar Woods Cove

City

Madison

State

MS

Zip Code

39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frontier Strategies

Occupation  
Partner

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

1000.00

Date of Receipt

04

30

2015

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BOYCE ADAMS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Brenda Holcombe

A.

Mailing Address 109 Crescent Cv

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2015

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period

200.00

Contribution (incorrectly reported as \$2k on 48Hr)

Full Name (Last, First, Middle Initial)

Elizabeth Holcombe

B.

Mailing Address 109 Crescent Cove

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2015

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

William Jernigan

C.

Mailing Address 370 Deer Run Raod

City

Batesville

State

MS

Zip Code

38806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Verda Laws**

Mailing Address 480 Laws Shoals Road

City

Columbus

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2015

Transaction ID : SA11AI.5064

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**Jim McAlexander**

Mailing Address 640 Bent Tree Trail

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bank First

Occupation

Banker

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2015

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**Mike McGill**

Mailing Address 490 Greenbriar Drive

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Auto Dealer

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 30 / 2015

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BOYCE ADAMS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Denise Pratt

Mailing Address 4886 Malone Road

City

Olive Branch

State

MS

Zip Code

38654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Pharmacy Services

Occupation

CEO

Receipt For: 2015

☐ Primary  
☒ Other (specify)

☐ General  
☐ Special-General

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

1350.00

Contribution

Full Name (Last, First, Middle Initial)

Larry J Pratt Jr

Mailing Address 4886 Malone Road

City

Olive Branch

State

MS

Zip Code

38654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Farmer

Receipt For: 2015

☐ Primary  
☒ Other (specify)

☐ General  
☐ Special-General

Election Cycle-to-Date

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period

1350.00

Contribution

Full Name (Last, First, Middle Initial)

AB Puckett IV

Mailing Address PO Box 9630

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbus Brick Supply

Occupation

Director

Receipt For: 2015

☐ Primary  
☒ Other (specify)

☐ General  
☐ Special-General

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period

400.00

Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Welissa Rader****A.**

Mailing Address PO Box 8670

City

Columbus

State

MS

Zip Code

39705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2015

**Transaction ID : SA11AI.4694**

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**David Shelton****B.**

Mailing Address 1224 7th Street N

City

Columbus

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Media/Business

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

**Transaction ID : SA11AI.4706**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**Wilma Wilbanks****C.**

Mailing Address 537 Robinson Dr

City

Cleveland

State

MS

Zip Code

38732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Pharmacist

Receipt For: 2015

☐

Primary

☐

General

☒

Other (specify)

Special-General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

**Transaction ID : SA11AI.5084**

Amount of Each Receipt this Period

150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3850.00

17836.50

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 50

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**CADENCE BANK, NA POLITICAL ACTION COMMITTEE**Mailing Address 2100 3RD AVENUE NORTH  
SUITE 1100

City	State	Zip Code
BIRMINGHAM	AL	35203

FEC ID number of contributing  
federal political committee.**C** C00506733

Name of Employer

Occupation

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

**Transaction ID : SA11C.5068**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**MAVERICK PAC USA**Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT STREET

City	State	Zip Code
BEVERLY	MA	01915

FEC ID number of contributing  
federal political committee.**C** C00427435

Name of Employer

Occupation

Receipt For: 2015

☐ Primary ☐ General  
☒ Other (specify) Special-General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

**Transaction ID : SA11C.5054**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 50

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BOYCE ADAMS**

Mailing Address 427 MAIN STREET

City

COLUMBUS

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

**C** H6MS01156

Name of Employer

Occupation

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

255408.00

Date of Receipt

**04** / **25** / **2015**

**Transaction ID : SA13A.4416**

Amount of Each Receipt this Period

10000.00

Candidate Loan

Full Name (Last, First, Middle Initial)

**BOYCE ADAMS**

Mailing Address 427 MAIN STREET

City

COLUMBUS

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

**C** H6MS01156

Name of Employer

Occupation

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

355408.00

Date of Receipt

**05** / **01** / **2015**

**Transaction ID : SA13A.4690**

Amount of Each Receipt this Period

100000.00

Candidate Loan

Full Name (Last, First, Middle Initial)

**BOYCE ADAMS**

Mailing Address 427 MAIN STREET

City

COLUMBUS

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

**C** H6MS01156

Name of Employer

Occupation

Receipt For: 2015

☐ Primary

☐ General

☒ Other (specify)

Special-General

Election Cycle-to-Date

385408.00

Date of Receipt

**05** / **06** / **2015**

**Transaction ID : SA13A.4705**

Amount of Each Receipt this Period

30000.00

Candidate Loan

**SUBTOTAL** of Receipts This Page (optional).....

140000.00

**TOTAL** This Period (last page this line number only).....

140000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. A 2 Z Printing**

Mailing Address 2125 TV Rd

City	State	Zip Code
Jackson	MS	39204

Purpose of Disbursement  
Printing Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2015

Amount of Each Disbursement this Period

18921.60
----------

Transaction ID : SB17.4932

**B. BOYCE ADAMS**

Mailing Address 427 MAIN STREET

City	State	Zip Code
COLUMBUS	MS	39701

Purpose of Disbursement  
Candidate Reimbursement

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: MS

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2015

Amount of Each Disbursement this Period

1874.00
---------

Transaction ID : SB17.4763

**c. Kimberly Allred**

Mailing Address 1512 Trace Ave

City	State	Zip Code
Tupelo	MS	38804

Purpose of Disbursement  
Schedule Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

2876.58
---------

Transaction ID : SB17.4843

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23672.18



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Eimy Andrade**

Mailing Address 1183 Dogwood Hollow Drive

City	State	Zip Code
Nesbit	MS	38651

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 26 / 2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.4799

**B. Aspect Consulting LLC**

Mailing Address 8401 Excelsior Drive

City	State	Zip Code
Madison	WI	53717

Purpose of Disbursement  
Compliance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 02 / 2015

Amount of Each Disbursement this Period

4000.00
---------

Transaction ID : SB17.4934

**C. AT&T**

Mailing Address 115 Goodman Rd. W.

City	State	Zip Code
Southaven	MS	38671

Purpose of Disbursement  
Utility Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 28 / 2015

Amount of Each Disbursement this Period

326.12
--------

Transaction ID : SB17.4936

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4426.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Blake Ballard**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4758

**B. Blake Ballard**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

355.00
--------

Transaction ID : SB17.4759

**c. Ricky Bishop**

Mailing Address 413-B Santa Anita Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2015

City	State	Zip Code
Starkville	MS	39759

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1886.03
---------

Transaction ID : SB17.4886

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2491.03

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Cable One**

Mailing Address 319 College St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2015

City	State	Zip Code
Columbus	MS	39701

Amount of Each Disbursement this Period

436.13
--------

Purpose of Disbursement  
Utility ExpenseCategory/  
Type**Transaction ID : SB17.4939**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Josh Carter**

Mailing Address 815 Cedar Crossing

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

City	State	Zip Code
Hernando	MS	38632

Amount of Each Disbursement this Period

120.00
--------

Purpose of Disbursement  
Door-to-Door CanvassingCategory/  
Type**Transaction ID : SB17.4830**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Josh Carter**

Mailing Address 815 Cedar Crossing

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

City	State	Zip Code
Hernando	MS	38632

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
Door-to-Door CanvassingCategory/  
Type**Transaction ID : SB17.4831**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

606.13

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Karen Carter**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

City	State	Zip Code
Hernando	MS	38632

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

790.00
--------

Transaction ID : SB17.4836

Full Name (Last, First, Middle Initial)

**B. Cici's Pizza**

Mailing Address 1055 Goodman Rd. E.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

City	State	Zip Code
Southaven	MS	38671

Purpose of Disbursement  
Campaign Meals

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

204.60
--------

Transaction ID : SB17.4947

Full Name (Last, First, Middle Initial)

**c. Gabby Coats**

Mailing Address 826 Cedar Trace Cove

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2015

City	State	Zip Code
Hernando	MS	39632

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

231.00
--------

Transaction ID : SB17.4802

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1225.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Jena Dees**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

371.20
--------

Transaction ID : SB17.4826

**B. Jena Dees**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

445.00
--------

Transaction ID : SB17.4827

**c. Mary Earrey**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2015

City	State	Zip Code
Columbus	MS	39705

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

220.00
--------

Transaction ID : SB17.4862

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1036.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Entergy**

Mailing Address 135 West Frost St.

City	State	Zip Code
Hazlehurst	MS	39083

Purpose of Disbursement  
Utility Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2015

Amount of Each Disbursement this Period

270.76
--------

Transaction ID : SB17.4951

**B. Facebook**

Mailing Address 1 Hacker Way

City	State	Zip Code
Menlo Park	CA	94205

Purpose of Disbursement  
Digital Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2015

Amount of Each Disbursement this Period

173.77
--------

Transaction ID : SB17.4953

**C. Yance Faulkner**

Mailing Address

City	State	Zip Code
Woodland	MS	39776

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

2603.68
---------

Transaction ID : SB17.4920

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3048.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Yance Faulkner**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2015

City	State	Zip Code
Woodland	MS	39776

Purpose of Disbursement  
Mileage Reimbursement

Amount of Each Disbursement this Period

705.00
--------

Transaction ID : SB17.4919

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Hunter Ferguson**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

City	State	Zip Code
Columbus	MS	39705

Purpose of Disbursement  
Door-to-Door Canvassing

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4819

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. FLS Connect**

Mailing Address 7300 Hudson Blvd. Ste 270

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

City	State	Zip Code
St. Paul	MN	55128

Purpose of Disbursement  
Canvassing App

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4957

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1305.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Frontier Strategies**

Mailing Address PO Box 13292

City	State	Zip Code
Jackson	MS	39236

Purpose of Disbursement  
General Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2015

Amount of Each Disbursement this Period

11336.04
----------

Transaction ID : SB17.4958

**B. Frontier Strategies**

Mailing Address PO Box 13292

City	State	Zip Code
Jackson	MS	39236

Purpose of Disbursement  
Radio Production

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 08 / 2015

Amount of Each Disbursement this Period

294.13
--------

Transaction ID : SB17.5006

**c. Zach Gregory**

Mailing Address

City	State	Zip Code
Oxford	MS	38655

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
04 / 28 / 2015

Amount of Each Disbursement this Period

552.65
--------

Transaction ID : SB17.4922

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12182.82



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Zach Gregory**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2015

City	State	Zip Code
Oxford	MS	38655

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4923

Full Name (Last, First, Middle Initial)

**B. Spradley Holcombe**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4899

Full Name (Last, First, Middle Initial)

**c. Home Depot**

Mailing Address 7260 Interstate Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

City	State	Zip Code
Horn Lake	MS	38637

Purpose of Disbursement  
Office Supplies

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

90.90
-------

Transaction ID : SB17.4963

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1340.90

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Jackson Alvarez Group**

Mailing Address P.O. Box 7272

City	State	Zip Code
McLean	VA	22106

Purpose of Disbursement  
Research

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2015

Amount of Each Disbursement this Period

5500.00
---------

Transaction ID : SB17.4966

**B. Key of Blue**

Mailing Address 4308 Manhattan

City	State	Zip Code
Jackson	MS	39206

Purpose of Disbursement  
TV Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2015

Amount of Each Disbursement this Period

13975.00
----------

Transaction ID : SB17.4970

**c. Key of Blue**

Mailing Address 4308 Manhattan

City	State	Zip Code
Jackson	MS	39206

Purpose of Disbursement  
Radio Production

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2015

Amount of Each Disbursement this Period

550.00
--------

Transaction ID : SB17.4969

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20025.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Gavin King**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Pike Road	AL	36064

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

2745.55
---------

Transaction ID : SB17.4805

**B. Sam Lancaster**

Mailing Address 328 Cascade Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

City	State	Zip Code
Marietta	GA	30064

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

2336.55
---------

Transaction ID : SB17.4896

**c. Sam Lancaster**

Mailing Address 328 Cascade Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2015

City	State	Zip Code
Marietta	GA	30064

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

224.00
--------

Transaction ID : SB17.4895

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2745.55

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Logan Farms Honey Glazed Ham**

Mailing Address 1220 E. Northside Dr.

City	State	Zip Code
Jackson	MS	39211

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2015

Amount of Each Disbursement this Period

572.76
--------

Transaction ID : SB17.4978

**B. Loudloor**

Mailing Address 1001 Harden St. #203

City	State	Zip Code
Columbia	SC	29205

Purpose of Disbursement  
Digital Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

1951.92
---------

Transaction ID : SB17.4980

**c. Maggie Clark Media Services**

Mailing Address 139 Bent Creek Drive

City	State	Zip Code
Brandon	MS	39047

Purpose of Disbursement  
TV Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2015

Amount of Each Disbursement this Period

7541.00
---------

Transaction ID : SB17.4989

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10065.68

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Maggie Clark Media Services**

Mailing Address 139 Bent Creek Drive

City	State	Zip Code
Brandon	MS	39047

Purpose of Disbursement  
TV Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

Amount of Each Disbursement this Period

27473.25
----------

Transaction ID : SB17.4988

**B. Maggie Clark Media Services**

Mailing Address 139 Bent Creek Drive

City	State	Zip Code
Brandon	MS	39047

Purpose of Disbursement  
TV Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2015

Amount of Each Disbursement this Period

9370.38
---------

Transaction ID : SB17.4987

**C. Maggie Clark Media Services**

Mailing Address 139 Bent Creek Drive

City	State	Zip Code
Brandon	MS	39047

Purpose of Disbursement  
TV Advertising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

147.38
--------

Transaction ID : SB17.4986

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

36991.01

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Lucy Moorer**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2015

City	State	Zip Code
Olive Branch	MS	38654

Purpose of Disbursement  
Photo Shoot

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4849

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 6808 Southcrest Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

City	State	Zip Code
Southaven	MS	38671

Purpose of Disbursement  
Office Supplies

Amount of Each Disbursement this Period

39.58
-------

Transaction ID : SB17.4993

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Paradigm Corporation**

Mailing Address 2650 Church Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2015

City	State	Zip Code
Hernando	MS	38632

Purpose of Disbursement  
Rent

Amount of Each Disbursement this Period

465.35
--------

Transaction ID : SB17.4999

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

904.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Scott Paradise**

Mailing Address 5416 W 87th Circle

City	State	Zip Code
Overland	KS	66207

Purpose of Disbursement  
Mileage Reimbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2015

Amount of Each Disbursement this Period

302.94
--------

Transaction ID : SB17.4897

**B. Peyton Kyle**

Mailing Address 2110 Legends Dr.

City	State	Zip Code
Nesbit	MS	38651

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

220.00
--------

Transaction ID : SB17.5001

**c. Politicap LLC**

Mailing Address 134 Cedar Woods Cove

City	State	Zip Code
Madison	MS	39110

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

11776.00
----------

Transaction ID : SB17.5004

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12298.94

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Politicap LLC**

Mailing Address 134 Cedar Woods Cove

City	State	Zip Code
Madison	MS	39110

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.5005

**B. Politicap LLC**

Mailing Address 134 Cedar Woods Cove

City	State	Zip Code
Madison	MS	39110

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2015

Amount of Each Disbursement this Period

5937.05
---------

Transaction ID : SB17.5003

**c. Tori Pruett**

Mailing Address

City	State	Zip Code
Southaven	MS	38671

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

220.00
--------

Transaction ID : SB17.4908

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11157.05



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Roxen Saenz**

Mailing Address 1151 Hwy 51 N

City	State	Zip Code
Nesbit	MS	38651

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2015

Amount of Each Disbursement this Period

338.00
--------

Transaction ID : SB17.4890

**B. Katherine Sanders**

Mailing Address

City	State	Zip Code
Hernando	MS	38632

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2015

Amount of Each Disbursement this Period

135.00
--------

Transaction ID : SB17.4838

**C. Katherine Sanders**

Mailing Address

City	State	Zip Code
Hernando	MS	38632

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2015

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.4839

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

338.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Victoria Sanders**

Mailing Address 3940 E Beauvoir Pl

City	State	Zip Code
Hernando	MS	39632

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 26 / 2015

Amount of Each Disbursement this Period

120.00
--------

Transaction ID : SB17.4913

**B. Alfred Stokes**

Mailing Address

City	State	Zip Code
Starkville	MS	39759

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 07 / 2015

Amount of Each Disbursement this Period

80.00
-------

Transaction ID : SB17.4742

**c. Stoneridge Group**

Mailing Address 4400 North Point Pkwy #190

City	State	Zip Code
Alpharetta	GA	30022

Purpose of Disbursement  
Direct Mail

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 04 / 2015

Amount of Each Disbursement this Period

12592.65
----------

Transaction ID : SB17.5012

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12792.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stoneridge Group**

Mailing Address 4400 North Point Pkwy #190

City	State	Zip Code
Alpharetta	GA	30022

Purpose of Disbursement  
Grassroots Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.5011

**B. Stoneridge Group**

Mailing Address 4400 North Point Pkwy #190

City	State	Zip Code
Alpharetta	GA	30022

Purpose of Disbursement  
Direct Mail

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

Amount of Each Disbursement this Period

1750.00
---------

Transaction ID : SB17.5010

**c. Stripe**Mailing Address 3180 18th Street  
Suite 100

City	State	Zip Code
San Francisco	CA	94110

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2015

Amount of Each Disbursement this Period

14.25
-------

Transaction ID : SB17.5085

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6764.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Summerfield Group**

Mailing Address 5010 Indian Creek Parkway

City	State	Zip Code
Overland Park	KS	66207

Purpose of Disbursement  
Campaign Management Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 07 / 2015

Amount of Each Disbursement this Period

7558.50
---------

Transaction ID : SB17.5014

**B. Mark Thatcher**

Mailing Address

City	State	Zip Code
Columbus	MS	39705

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 11 / 2015

Amount of Each Disbursement this Period

360.00
--------

Transaction ID : SB17.4857

**c. The Tarrance Group**

Mailing Address 201 N Union St #410

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Survey

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 11 / 2015

Amount of Each Disbursement this Period

11762.50
----------

Transaction ID : SB17.5015

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19681.00
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Twin Oaks Connect**

Mailing Address 3625 Cumberland Blvd. Ste. 950

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Phones

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2015

Amount of Each Disbursement this Period

9852.14
---------

Transaction ID : SB17.5018

**B. Twin Oaks Connect**

Mailing Address 3625 Cumberland Blvd. Ste. 950

City	State	Zip Code
Atlanta	GA	30339

Purpose of Disbursement  
Phone Replacement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.5017

**C. Drew Wallace**

Mailing Address

City	State	Zip Code
Columbus	MS	39761

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

Amount of Each Disbursement this Period

320.00
--------

Transaction ID : SB17.4796

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10422.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hailey Walley**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Bay St. Louis	MS	39520

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

270.00
--------

Transaction ID : SB17.4811

**B. Albert Younger**

Mailing Address 1213 Younger Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB17.4726

**c. Albert Younger**

Mailing Address 1213 Younger Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

72.50
-------

Transaction ID : SB17.4727

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

542.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**BOYCE ADAMS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Albert Younger**

Mailing Address 1213 Younger Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2015

City	State	Zip Code
Columbus	MS	39701

Purpose of Disbursement  
Door-to-Door Canvassing

Amount of Each Disbursement this Period

410.00
--------

Transaction ID : SB17.4728

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

410.00

196472.89

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 40 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4313

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

67908.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

67908.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 03 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/2018

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

67908.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 41 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4406

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7000.00

0.00

7000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y  
03 / 04 / 2015M M / D D / Y Y Y Y  
/ / 12/31/16M M / D D / Y Y Y Y  
/ / 12/31/16M M / D D / Y Y Y Y  
/ / 12/31/16

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

7000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 42 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4314

**BOYCE ADAMS FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 09 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/2018

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 43 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4315

BOYCE ADAMS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

BOYCE ADAMS

**[PERSONAL FUNDS]**

Election: 2015

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

**TERMS**

Date Incurred

M 03 / D 13 / Y 2015 Y

Date Due

M M / D D / Y 12/31/18 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

75000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4560

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 12/31/18

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4561

BOYCE ADAMS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2015

BOYCE ADAMS

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/15

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4655

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 21 / 2015

Date Due

M M / D D / Y Y Y Y  
/ 12/31/18

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 47 OF 50

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4656

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M / D / Y  
04 / 22 / 2015

Date Due

M / D / Y  
 / / 12/31/18

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4416

**BOYCE ADAMS FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M / M / Y  
04 / 25 / 2015

Date Due

M / M / Y  
12 / 31 / 18

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 49 OF 50

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4690

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 01 / 2015

Date Due

M M / D D / Y Y Y Y  
/ / 12/31/18

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 50 OF 50

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4705

**BOYCE ADAMS FOR CONGRESS****LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2015

**BOYCE ADAMS**☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

427 MAIN STREET

City

State

ZIP Code

COLUMBUS

MS

39701

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/18

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

30000.00

**TOTALS** This Period (last page in this line only)..... ►

385408.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.